

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 11/07/01.
 - b. The request was received on 02/08/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. Audit of Medical Charges
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Responses to the Request for Dispute Resolution
 - b. HCFAs
 - c. Audit of Medical Charges
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/11/01. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 04/15/02. The response from the insurance carrier was received in the Division on 04/26/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of additional information submitted by the requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Undated Letter
"The primary procedure billed is 23466-80. None of the codes billed are global according to the '96 fee guideline. Carriers [sic] only reason for denial is unbundling. Carrier has not stated any other reason. Therefore that should be the only issue being disputed."

2. Respondent: Letter dated 04/25/02
 “It is the carrier’s position that the service provided and charged for on 11/07/01 should have been included in the charges for the primary procedure performed on this date of service which was CPT Code 29823....The charges made by Dr....under CPT codes 23412 and 23466, constitute unbundling of services and additional reimbursement should not be allowed.”

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/07/01.
- Per the provider’s TWCC-60, the amount billed is \$1,700.00; the amount paid is \$0.00; the amount in dispute is \$697.88.
- The carrier denied the billed charges by codes, “80 – F – Fee Guideline/Assistant surgeon services.” and “5 – G – Unbundling/Reimbursement based on or included in the basic allowance of the appropriate procedure.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
11/07/01 11/07/01	23466-80 23412-80	\$1,000.00 \$700.00	\$0.00 \$0.00	G,F G,F	\$2,023.00 \$1,537.00	MFG, SGR (I)(D)(1)(a); Global Service for Orthopaedic Surgery, 1994; CPT descriptor; -80 Modifier descriptor	MFG SGR (I) (D) (1) (a) states that the primary procedure is the procedure reflecting the greatest value. CPT code 23466-80 reflects the greatest value, thus, indicating the primary procedure per the MFG SGR. In accordance with the GSOSD, CPT code 23466 is not global to 23412 and CPT code 23412 is not global to 23466. The modifier “-80” descriptor states, “For surgical assistant services by a doctor, add the modifier ‘-80’ to the usual procedure number(s). Reimbursement in the amount of \$697.88 is recommended.
Totals		\$1,700.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$697.88 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$697.88 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 1st day of October 2002.

Donna M. Myers
 Medical Dispute Resolution Officer
 Medical Review Division

DMM/dmm